

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 ¥678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

3505	SKy ent Addre Gro Like ddress	Ma Ma	chili mber and street, city, state, zip code) line Rd New Albany, IN 47150 rlow + Will Jacobs	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)	PERMIT # 18- 352 Follow-up Release Date	
Certified F	ood Manag	ger	Serly Swartz 2-11-20 Entified in the checklist and narrative columns m		Menu Type (See back of page) 12 \(\sum_3 \)_45	
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative			To Be Corrected By
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Received by (name and title printed): Inspected by (name and title printed):						
Received by	(signature)	:		Inspected by (signature):		
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Original copy lost. Kim Clare Signed. TS

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